



# MERCER COUNTY RESIDENTIAL REHABILITATION PROGRAM

## SUMMARY

### **I. GOAL**

The County of Mercer is the lead agency for administering the **Residential Rehabilitation Program**. The purpose of the Residential Rehabilitation Program is to provide moderate rehabilitation to owner-occupied low and moderate-income households. Assistance is provided to with the maintenance, repair and modification of homes, as well as to provide technical and financial assistance.

### **II. APPLICANT REQUIREMENTS**

A. Applicant's principal residence must be located in one of the following municipalities:

East Windsor Township	Hopewell Borough	Princeton Borough
Ewing Township	Hopewell Township	Princeton Township
Hamilton Township	Lawrence Township	Washington Township
Hightstown Borough	Pennington Borough	West Windsor Township

B. Gross annual income can not exceed the following guidelines:

One Person Household \$41,700	Four Person Household \$59,600
Two Person Household \$47,700	Five Person Household \$64,350
Three Person Household \$53,650	Six Person Household \$69,150

### **III. PROPERTY REQUIREMENTS**

- A. Applicants must own the home and the home must be their principal residence.
- B. Property value cannot exceed 95% of the median purchase price for municipality.
- C. Property must meet Federal Housing Quality Standards and State and Local Code.
- D. Property taxes must be current.
- E. Must have a current Home Owner's Insurance Policy.

### **IV. LOAN AMOUNT**

A. Individual deferred loans are between \$1,000 - \$25,000.

### **V. PLANNING AND ADMINISTRATION**

Administered by the Mercer County Office of Economic Opportunity – Housing and Community Development (609) 989-6858.



**Mercer County**  
**Housing and Community Development**  
**APPLICATION FOR HOUSING**  
**REHABILITATION ASSISTANCE**

NOTE: This form requests specific personal and financial information to be used for determining eligibility and for statistical purposes. All information contained herein shall remain strictly confidential.

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Annual Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Annual Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Annual Income \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Annual Income \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME** \_\_\_\_\_

**STATISTICAL DATA**

Are any members of the household disabled/handicapped? Yes No

Ethnicity: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Other (Please Specify) \_\_\_\_\_

**FINANCIAL INFORMATION - EMPLOYMENT (HEAD OF HOUSEHOLD)**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's Phone Number

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Approximate Yearly Income

\_\_\_\_\_  
Occupation

**FINANCIAL INFORMATION - EMPLOYMENT (OTHER EMPLOYED MEMBERS)**

Other Employed Member of Household \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer's Phone Number

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Approximate Yearly Income

Occupation \_\_\_\_\_

If additional household members are employed, please attach another sheet and provide employment information.

### FINANCIAL INFORMATION - BENEFITS

Type of Benefit	Monthly Amt.	Benefit Claim No.	Name & Address of Agency
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### FINANCIAL INFORMATION - REAL ESTATE

List of primary place of residence only, if your home contains an additional apartment(s) and list other real estate owned.

Address	Approx. Value	Annual Income
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### FINANCIAL INFORMATION - STOCK/BONDS

Name & Address of Agent	Certificate No.	Approx. Value	Annual Income
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Name & Address of Agent	Certificate No.	Approx. Value	Annual Income
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### FINANCIAL INFORMATION - INTEREST BEARING ACCOUNTS

Name & Address of Depository	Type of Account	Account No.	Annual Income
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### FINANCIAL INFORMATION - LIABILITIES

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due: Yes No

If yes, please explain:

To the best of your knowledge, is there any legal action threatened against you at present that could affect your ability to pay back a loan or cloud the title of your property?    Yes    No

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If yes, please explain:

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**PROPERTY INFORMATION**

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Name of Owner as it Appears on the Property's Title

Is there a Mortgage on the property?    Yes    No

Type of Mortgage:      FHA              VA              Conventional              Other

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Original Mortgage Amount	Approximate Present Balance	Monthly Payment
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Name and Address of Mortgagee

Are there any additional Mortgage/Equity Loans on the property?    Yes    No

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If yes, state type, original amount, balance, monthly payment, name & address of other Mortgagee

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Type of Insurance Coverage on Dwelling

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Name and Address of Insurance Carrier

List priority repairs which you wish to be addressed through this Program:

I HEREBY GRANT PERMISSION OF ENTRANCE BY APPOINTMENT FOR THE PURPOSE OF INSPECTION OF MY PROPERTY BY AUTHORIZED COUNTY AGENTS. I ALSO UNDERSTAND THAT SINCE INSPECTION WILL BE MADE AS PER MY REQUEST, INSPECTIONS ARE NOT TO BE CONSIDERED A ROUTINE INSPECTION, BUT ARE INSPECTIONS OF ITEMS WHICH CAN POTENTIALLY BE IMPROVED VIA THIS PROGRAM.

THIS IS TO CERTIFY THAT ALL STATEMENTS MADE IN MY APPLICATION FOR SMALL CITIES REHABILITATION ASSISTANCE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

I MAKE THIS STATEMENT WILLINGLY AND WITH FULL KNOWLEDGE OF THE PENALTIES UNDER FEDERAL AND STATE LAWS SHOULD FALSE INFORMATION BE GIVEN.

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Signature of Applicant

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Date

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Signature of Applicant

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Date

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, IMMEDIATELY CONTACT  
THEMERCER COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
AT (609) 989-6858

PLEASE RETURN TO:

MERCER COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
MC DADE ADMINISTRATION BUILDING  
640 SOUTH BROAD STREET  
TRENTON, NJ 08650  
ATTN: EDWARD M. PATTIK, DIRECTOR